

Image# 201612129040604992

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cheney, Elizabeth, , Mrs.,			2. Candidate's FEC Identification Number H6WY00159		
(b) Address (number and street) PO Box 697			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Casper WY 82602			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House		6. State & District of Candidate WY	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Liz Cheney for Wyoming		
(b) Address (number and street) P.O. Box 697		
(c) City, State, and ZIP Code Casper WY 82602		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) RISE PROJECT		
(b) Address (number and street) PO Box 2485		
(c) City, State, and ZIP Code Springfield VA 22152		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Cheney, Elizabeth, , Mrs.,  [Electronically Filed]	Date 12/12/2016
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Friends of Winning Women 2016 (Joint Fundraising Rep.)

(b) Address (number and street)

228 S. Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Winning Women Victory Committee (Joint Fundraising Rep.)

(b) Address (number and street)

228 S. Washington Street  
Suite 115

(c) City, State and ZIP Code

Alexandria

VA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code